

Liquor Liability Supplemental Application

Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: Individual Partnership Corporation LLC Nonprofit Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

Location to be insured has been under present management since (year): _____

How many years of experience does the applicant have owning or managing the same type of operation? _____

General Information

Operation description (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Bar/tavern | <input type="checkbox"/> Adult club/strip club | <input type="checkbox"/> Off-premises caterer |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Banquet/catering hall | <input type="checkbox"/> Off-premises bartending service |
| <input type="checkbox"/> Country club | <input type="checkbox"/> Bowling alley | <input type="checkbox"/> Retail/convenience/liquor store |
| <input type="checkbox"/> Nightclub | <input type="checkbox"/> BYOB restaurant | <input type="checkbox"/> Wholesale distributor |
| <input type="checkbox"/> Private/fraternal club | <input type="checkbox"/> Comedy club/dinner theater | |
| <input type="checkbox"/> Pool/billiard hall | <input type="checkbox"/> Brewery/distillery | |
| <input type="checkbox"/> Unlicensed risk (please describe): | <hr/> | |
| <input type="checkbox"/> Other (please describe in detail): | <hr/> | |

Concessions & Liquor

Requested liquor liability limits:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$200,000 | <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> \$500,000/\$1,000,000 |
| <input type="checkbox"/> \$300,000/\$300,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> Other <hr/> | |

Alcohol & food receipts

On-premises alcohol sales		<input type="checkbox"/> Not Applicable
On-premises food sales		<input type="checkbox"/> Not Applicable
Retail alcohol sales to public for off-premises consumption		<input type="checkbox"/> Not Applicable
Off-premises alcohol catering sales		<input type="checkbox"/> Not Applicable
Off-premises catering food sales		<input type="checkbox"/> Not Applicable
Wholesale alcohol sales		<input type="checkbox"/> Not Applicable
Other (please describe)		<input type="checkbox"/> Not Applicable

Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the past 12 months? Yes No

Does the applicant maintain General Liability insurance at limits equal to or greater than the applicant's liquor liability limits? Yes No

Within the past 5 years, has the applicant's liquor liability coverage been cancelled or nonrenewed for reasons other than prior carrier discontinuing writing any liquor liability coverages? Yes No

If yes, please describe:

Concessions & Liquor *(Continued)*

Are any persons—including employees, temporary workers, leased workers, entertainers or performers—permitted to consume alcohol while working? Yes No

Is the applicant a franchisee? Yes No

Does the applicant hire independent contractors to sell or serve alcohol? Yes No

If yes, does the applicant require independent contractors who sell or serve alcohol to maintain their own liquor liability coverage at equal or greater limits? Yes No

If yes, does the independent contractor name the applicant as an Additional Insured on their liquor liability policy? Yes No

Does the applicant require certification of all alcohol servers through a formal alcohol training course not required by the state? Yes No

If yes, please provide the name of the formal training course: _____

Within the past 5 years, has the applicant had any reported or notifications of potential liquor liability and/or assault & battery claims? Yes No

If yes, please describe below:

Date of loss	Description of loss	Open/closed	Amount paid	Reserve amount

Is the applicant aware of any fines, violations, or citations for the sale or service of alcohol in the past 5 years? Yes No

If yes, please describe below:

Date of violation	Type of violation	Action taken to prevent future violations

Does the applicant have a valid liquor license? Yes No

If yes, does the applicant allow BYOB (other than banquets), self-service, bottle service, or setups? Yes No

Does the applicant permit BYOB at banquets? Yes No

If yes, does the applicant and/or their employees serve the alcohol? Yes No

Does the applicant require that the lessee carry liquor liability insurance? Yes No

Does the applicant ever use a bouncer, security or doorman? Yes No

Types and frequency of entertainment:

- Band (other than jazz/instrumental) and/or DJ _____ times per week or _____ times per year
- Karaoke/soloists/duets _____ times per week or _____ times per year
- Other (please describe) _____ times per week or _____ times per year

Concessions & Liquor *(Continued)*

Is a band or DJ entertainment featured every night the establishment is open? Yes No

Does the establishment feature adult entertainment, such as exotic dancing? Yes No

Is the establishment a private fraternal or civic club? Yes No

If yes,

Are members permitted to BYOB or self-service? Yes No

If located in Pennsylvania, does the applicant have special licensing allowing the establishment to stay open until 3 a.m.? Yes No

Does the establishment offer same-day memberships? Yes No

Are members allowed to bring more than 3 guests per day, not including immediate family members or banquets? Yes No

Does the establishment offer any drinks less than \$1.50? Yes No

Is the establishment a retail store? Yes No

If yes, does the establishment offer on-premises tasting or sampling of alcohol? Yes No

If yes, does the establishment deliver alcohol to customers? Yes No

What is the latest hour the establishment will stay open? a.m. p.m. 24 hours

What time does the sale or service of alcohol stop? a.m. p.m. 24 hours

Does the establishment offer drink specials after 10 p.m. (Not applicable in Massachusetts and North Carolina)? Yes No Not applicable

Does the establishment sell beer for less than \$2 and/or wine or liquor for less than \$3? (Not applicable to private fraternal clubs) Yes No Not applicable

Is the establishment a fine dining restaurant with typical entrée priced greater than \$20, bottles of wine priced \$30 each on average, and at least 10 or more wines offered on the menu? Yes No

Does the establishment sell beer and wine only? (Not applicable to retail stores) Yes No

Does the establishment use an electronic identification scanner? Yes No

Does the establishment use functional and operational surveillance cameras inside the establishment? Yes No

Does the establishment or will the establishment ever offer beer pong or other drinking games? Yes No

Does the establishment or will the establishment ever offer unlimited alcoholic beverage specials? Yes No

Does the establishment allow patrons under the legal drinking age on the premises? (Not applicable to retail stores, banquet halls, or caterers.) Yes No

Concessions & Liquor (Continued)

Additional Insureds (The liquor license holder will be included automatically.):

Name	Interest	Mailing address

If the applicant is an unlicensed banquet hall, unlicensed caterer, or unlicensed bartending service:

Total number of annual events involving alcohol: _____

Average event attendance: _____

Will the applicant ever do business in Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island, or West Virginia? Yes No

If the applicant is a BYOB restaurant:

Does the applicant permit only beer and wine BYOB? Yes No

Does the wait staff actively monitor all alcohol consumption and request valid identification from all patrons? Yes No

If the applicant is a charter boat or dinner cruise operator:

Does the vessel operate only in U.S. territory waters? Yes No

Will the vessel navigate in the waters or off the coast of Alabama, Alaska, Illinois, Louisiana, Mississippi, Rhode Island, or West Virginia? Yes No

Does the applicant carry protection and indemnity coverage at limits equal to or greater than liquor liability limits? Yes No

For unlicensed miscellaneous host exposure, please describe the operation in detail:

Does the applicant offer more than two complimentary drinks per patron? Yes No

Does the staff actively monitor all alcohol consumption and request valid identification from all patrons? Yes No

Submission Requirements

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in ME

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Statements / Signature

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER